present Members of Central Board of Film Certification have no relation with literature, art, culture and language; if so, on what basis they have been empanelled;

(b) whether criteria for their appointment would be revised as per the requirement;

(c) details of the regular meetings of the Board held so for during the last two years and reasons for non-convening of regular meetings; and

(d) Government's policy regarding the nomination of eminent social thinkers on the Board?

THE MINISTER OF CIVIL AVIATION AND MINISTER OF INFORMATION AND BROADCASTING (SHRI C.M. IBRAHIM): (a), (b) and (d) Under section 3(1) of the Cinematograph Act, 1952, for the purpose of sanctioning films for public exhibition, the Central Government constitutes the Central Board of Film Certification which shall consist of a Chairman and not less than twelve and not more than twentyfive other members appointed by the Central Government. The critieria being followed for appointment of members of the Board are that they should be persons from different walks of life such as social sciences, law, teaching, literature, art, culture etc. who are qualified, in the opinion of the Central Government, to judge the effect of films on the public. The Board as at present constituted includes persons from literature, art, culture, social work, academics etc. There is, therefore, no proposal to revise these criteria.

*The Question was actually asked in the floor of the House by Shrimati Renuka Chowdhury.

(c) The details of meetings of the Board held during 1994 to 1996 are as follows:-

Year	No. of meetings	Date of meeting
1994	1	2.7.94
1995	—	—
1996	1	24.8.96

The actual examination of films is done by the Examining Committees and Revising Committees. A member of the Board is associated at the level of Revising Committee. Meetings of the full Board are required only for deciding policy matters. Such meetings of the Board are called by the Chairman as and when necessary, considering the quantum of work to be transacted availability of funds in the budget etc.

Ambitious Action Plan to ensure minimum health Facilities to all by the turn of the Century

*179. SHRI GOVINDRAM MIRI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have since prepared/have been preparing an ambitious action plan to ensure extension of minimum health services and facilities to all by the turn of the century; and

(b) if so, the details thereof and it not the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) and (b) India is a signatory to the Alma Ata Declaration of 1978 and is committed to attaining the goal of Health For All by the year 2000 A.D. through the primary health care approach. To provide the Health for All, a huge rural

health network comprising 1,32,285 Sub-centres, 21,802 Primary Health Centres and 2,401 Community Health Centres as on 31.12.95 has been set up throughout the country to provide comprehensive health care in rural areas. Secondary and tertiary level hospitals provide health care facilities to both urban and rural areas.

Programmes are under implementation to control/eradicate communicable and non-communicable diseases like Malaria, Tuberculosis, Leprosy, Blindness, AIDS, Cancer etc. Under the Family Welfare Programme, emphasis has been given for Child Survival and Safe Motherhood including Immunization. Steps have been taken for development of Medical and Health Manpower as per needs of the country.

To achieve polio eradication by the turn of the century, Pulse Polio Immunization programme was lauched on country-wide basis in 1995 and is being continued in 1996. During the first year of the campaign i.e., on 9th December, 1995 and 20th January, 1996, a total of about 88 million and 93 million children (0—3 years) respectively have been vaccinated against polio. During 1996-97, all children of 0—5 age group will be covered in two phases *i.e.* on 7th December, 1996 and 18th January, 1997.

To detect health relating problems that are commonly occuring among the primary school children and to build health awareness within the community, special school health check-up scheme through a campaign approach has been launched in India. The scheme has been implemented in 27 states and UTs from July-October, 1996. As per reports from 441 districts, 75.9% schools were covered and 84.91% of the enrolled primary school children were examined for common ailments like anaemia, worm infestation, night blindness etc. The scheme is proposed to be continued during the next year also in the month of August, 1997.

Development of Indian Systems of Medicine and Homoeopathy is being encouraged to widen the network for the delivery of health services to the people. Involvement of NGOs is also being encouraged to provide comprehensive health services to the people.

As a result of overall strategies adopted in health planning and expansion of helath services, life expectancy at birth which was 41.3 in 1951 to 1961 has increased to 61.15 years (1991-96), crude birth rate has been reduced from 41.7 (1951-61) to 28.6 (SRS estimates, 1994) and crude death rate has fallen from 27 (1951-61) to 9.2 (SRS estimate 1994).

Under the "Common approach to major policy matters and a minimum programme" evolved by the present Goverament primary health care inter-alia has been accorded top priority with provision of PHC (Primary Health Care) for every 5000 population.

A conference of Chief Ministers on Basic Minimum Services was organised in July 1996 wherein the conference endorsed seven basic minimum services including 100% coverage of Primary Health Service facilities in rural and urban areas. It was resolved that it would be in the best interest of the country, if time bound action plans are formulated to secure full coverage of the country with the seven basic services including primary health services in rural and urban areas by 2000 A.D.

The recommendations of the Chief Ministers conference includes highest priority to the Family Welfare Programme through provision of high quality primary health care services, activisation of Panchayat Raj System in association with interested voluntary organisation and community at large in extending family planning and primary health care services, promoting training of mid wives and community health volunteers at village level, consolidating and filling up the gaps in the existing infrastructure for the delivery of primary health care by making provisions for

building, equipments medicines, trained manpower, vehicles etc. through enhanced allocation of Central Assistance, making obligatory for medical graduates/post graduates to serve 2 to 3 years in the rural areas before they are given permanent registration, giving wide coverage to ISM & Homoeopathy in delivery of primary health care services and relaxing further the norms for primary health care infrastructure in areas inhabited by Scheduled Castes/Scheduled Tribes/primitive Tribal Groups/OBC and hilly areas.

वायुदूत और एलाइंस एयर में भिन्नता

*180. **श्री महेश्वर सिंह:** क्या नागर विमानन मंत्री यह बताने की कृपा करेंगे कि:

(क) वायुदूत और हाल ही में गठित एलाइंस एयर में क्या भिन्नता है;

(ख) क्या सरकार ने यह सुनिश्चित किया है कि भविष्य में एलाइंस एयर भी वायुदूत की तरह घाटे में न चले;

(ग) क्या एलाइंस एयर के पायलटों और अन्य केबिन दल की भर्ती के लिए कोई मानदंड निर्धारित किए गये हैं; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

नागर विमानन मंत्री (श्री सी०एम० इब्राहीम): (क) एयर इंडिया और इंडियन एयरलाइन्स द्वारा बराबर के स्वामित्व में एक कम्पनी के रूप में वायुदूत का निगमन किया गया था। एयरलाइन एलाइड सर्विसेज लिमिटेड (ए०ए०एस०एल०) इंडियन एयरलाइन्स की पूर्ण स्वामित्व वाली एक सहायक कम्पनी है जो इसकी सेवाओं की पूर्ति करती है। एलाइंस एयर एयरलाइन एलाइड सर्विसेज लिमिटेड द्वारा प्रचालित एयरलाइन का ब्राण्ड नाम है।

(ख) एलाइंस एयर आर्थिक रूप से व्यवहार्य है क्योंकि इसने बी-737 विमान लगा रखे हैं जो वायुदूत द्वारा उपयोग किए जाने वाले विमानों से अधिक दक्ष हैं तथा इसके द्वारा प्रचालित मार्गों पर पर्याप्त यात्री यातायात है।

(ग) और (घ) "एलायंस एयर" डी०जी०सी०ए० द्वारा निर्धारित अर्हताओं को पूरा करने वाले विमानचालकों तथा योग्यता प्राप्त सेवा-उन्मुख केबिन कर्मीदल की नियुक्ति करती है।

WRITTEN ANSWERS TO UNSTARRED QUESTIONS

आन्ध्र प्रदेश में उच्च शक्ति वाले तथा कम शक्ति वाले ट्रांसमीटरों को लगाया जाना

1078. **डा० वाई० लक्ष्मी प्रसाद:** क्या सूचना और प्रसारण मंत्री यह बताने की कृपा करेंगे कि:

(क) आन्ध्र प्रदेश में उच्च शक्ति वाले तथा कम शक्ति वाले कितने-कितने टी०वी० ट्रांसमीटर लगाए गए हैं;

(ख) आन्ध्र प्रदेश में अब तक लगाए गए टी०वी० ट्रांसमीटरों के दायरे में कितने क्षेत्रफल तथा कितनी जनता को शामिल कर लिया गया है;

(ग) कितने टी०वी० ट्रांसमीटर लगाए जाने का विचार है; और

(घ) कितने टी०वी० ट्रांसमीटरों का उन्नयन किए जाने का विचार है और ट्रांसमीटरों के उन्नयन संबंधी लक्ष्य को कब तक पूरा कर लिया जाएगा?

नागर विमानन मंत्री तथा सूचना और प्रसारण मंत्री (श्री सी०एम० इब्राहीम): (क) आन्ध्र प्रदेश राज्य में वर्तमान में 6 उच्च शक्ति टी०वी० ट्रांसमीटर (उ०श०ट्रा०) तथा 49 अल्प शक्ति टी०वी० ट्रांसमीटर (अ०श०ट्रा०) कार्यरत हैं।

(ख) आन्ध्र प्रदेश में इस समय लगभग 73.5% क्षेत्र तथा 81.9% जनसंख्या को टी०वी० सेवा उपलब्ध है।

(ग) इस प्रयोजनार्थ पर्याप्त संसाधन की उपलब्धता और पारस्परिक प्राथमिकताओं के अधीन आन्ध्र प्रदेश में भिन्न-भिन्न शक्तियों के 26 टी०वी० ट्रांसमीटर कार्यान्वयनाधीन/स्थापित किए जाने हेतु परिकल्पित हैं।;

(घ) अपेक्षित ब्यौरे विवरण में दिए गए हैं।